

Emergency Notification Form

Privacy Act Notice

Authority: 5 U.S.C. Section 301; 10 U.S.C. Section 3013; Exec. Order 9397

Principal Purpose: To provide emergency points of contact in event of accident, injury, or death.

Routine Uses: The information will be used to identify the proper emergency points of contact for supervisors and personnel specialists.

Disclosure: Voluntary. Failure to provide the information may result in delayed notification to proper parties.

NAME OF EMPLOYEE: _____ SSN: _____

EMPLOYING ORGANIZATION/LOCATION: _____

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It is most important that the names and information of persons to be contacted in case of accident or other emergency be kept on file with your supervisor and at a central location. Please complete this form and provide a copy to your supervisor for retention. Send original to the CPAC. **This information should be kept current – submit updates when necessary.** This form should be reviewed with the employee during the annual performance evaluation.

***THIS FORM DOES NOT REPLACE OR ALTER ANY BENEFICIARY DESIGNATIONS
YOU MAY HAVE IN YOUR FILES.***

EMERGENCY CONTACT

ALTERNATE EMERGENCY CONTACT

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____
DAYTIME NUMBER

PHONE: _____
DAYTIME NUMBER

EVENING NUMBER

EVENING NUMBER

RELATIONSHIP: _____

RELATIONSHIP: _____

_____ I have been informed of the intended uses of the form and decline to provide any information.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

WORK PHONE NUMBER: _____

DISTRIBUTION: SUPERVISOR/CIVILIAN PERSONNEL